		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	390164			B. WING:		03/07/2023		
	/IDER OR SUPPLIER: SESTIVE HEALTH AND E	ENDOSCOPY	STREET ADDRESS, 1000 INTEGR PITTSBURGI	RITY DRIVE	E SUITE 110			
STATE LICENSI	E NUMBER: 14711501							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT			S 0000				
S 5559	This report is the result conducted on March 7, Health and Endoscopy the facility was not in confusion requirements of the Per Health's Rules and Reg Facilities, Annex A, Ti and F, Chapters 551-57	2023, at UPMC Dig Center. It was deter compliance with the ansylvania Departme gulations for Ambula tle 28, Part IV, Subp 73, November 1999.	gestive rmined ent of atory Care parts A	S 5559	TITLE:	(X6) DATE:		

State Form 8Y3K11 IF CONTINUATION SHEET Page 1 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		390164				03/07/2023	
UPMC DIC CENTER	NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501			, CITY, STATE, Z RITY DRIVE H, PA 15235	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	following:	and procedures ares shall provide at leas iring anesthesia shall ha y a practitioner, with of pertinent information sthesia.	ive a	S 5559	The deficiency was immedia reviewed with the Senior Dir Services, Unit Director, Administrator, CRNA Clinic Director, and the UPMC Dig Health and Endoscopy Center medical director to address the identified deficiency. Completed: 3/27/2023. Education: The deficiencies were review the UPMC Digestive Health Endoscopy Center physician CRNAs, and nursing staff to the identified deficiencies. Education will be provided to UPMC Digestive Health and Endoscopy Center physician CRNAs, and nursing staff vielducation will include the rethe Department of Anesthesis Policy & Procedure Manual, Digestive Health and Endosc Center, section Pre-Anesthet Evaluation regarding the reverse the policy that includes the requirement for the physician review and sign off the	rector GI cal gestive er he ved with and s, address o the l s, a email. eview of ology UPMC copy ic ision of	Completion Date: 05/25/2023 Status: APPROVED Date: 04/04/2023
					pre-anesthesia evaluation con	mpleted	

State Form 8Y3K11 IF CONTINUATION SHEET Page 2 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390164		A. BLDG:00 B. WING: 03/07/2023		03/07/2023	
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501			STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 2			S 5559	by a certified nurse anestheti attestation on the Pre-Proced History and Physical from. Additionally, education will provided on the revised Pre-Procedure History and P Form that will include a requ signature by the physician th attests that the pre-anesthesia evaluation completed by a cenurse anesthetist was review concurred with. The education will be conducted the UPMC Digestive Heal Endoscopy Center Completion date: 5/5/2023 Monitoring: The Unit Director and/or deswill monitor for compliance physician reviewing and con with the pre-anesthesia evaluation completed by a certified nurse anesthetist, as evidence by the physician signature attestation the Pre-Procedure History and Physical from.	be Physical uired nat a ertified red and reted by inistrator lith and signee of the neurring uation, see the on on	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		ΣY
		390164			<u>vv</u>	03/07/2023	
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501		ENDOSCOPY	STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5559	Continued from page 3			S 5559	The Unit Director and Admi will review the results and ta appropriate action needed. The Administrator and/or de will audit 5 medical records for 2 months or until sustains achieved. Reporting: On a weekly basis audit resu be shared Senior Director, m director, and Unit Director for and follow-up. On a bimonthly basis, complied the shared safety Cabinet, so Quality & Safety Cabinet, armonthly to the Executive Management Group The person responsible for overseeing the correction of deficiency will be the Senior of GI Services Overall Completion date: M 2023	signee weekly ability is Its will aedical or review liance licine urgical ad this	

State Form 8Y3K11 IF CONTINUATION SHEET Page 4 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390164		1		03/07/2023	
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501			STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5559	Based on review of face records (MR), and inte (EMP), it was determinensure that the pre-anecompleted by a practitive records reviewed (MR MR6, MR7, MR8, MR Findings include: On March 7, 2023, revelled and the records reviewed (MR Mr6, MR7) and the records reviewed (MR MR6, MR7, MR8, MR Findings include: On March 7, 2023, revelled and the record reviewed (Pre-Anesthetic Evaluation will be perfectly attention will be perfectly and the record drugs intended for the record (except in emergency states) anesthesiologist or his/Resident, SRNA)"	rview with facility shed that the facility fathesia evaluation woner for ten of ten mandal, MR2, MR3, MR4, and MR10). iew of facility policy ation," last approved "A preanesthetic formed and recorded deprior to the first definduction of anesthe situations) by the resulter designee, (CRN).	taff failed to as nedical , MR5, in the ase of sia ponsible A,	S 5559			
	On March 7, 2023, rev	iew of MR1, MR2, I	MR3,				

State Form 8Y3K11 IF CONTINUATION SHEET Page 5 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390164			00	03/07/2023	
UPMC DIO CENTER	VIDER OR SUPPLIER: GESTIVE HEALTH AND I SE NUMBER: 14711501	ENDOSCOPY	STREET ADDRESS, 1000 INTEGR PITTSBURGI	ITY DRIV	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 5 MR4, MR5, MR6, MR7, MR8, MR9, and MR10 revealed that the pre-anesthesia evaluation was completed by the certified nurse anesthetist. There was no practitioner sign off for the pre-anesthesia evaluation. On March 7, 2023, at 11:00am, EMP1 confirmed the above findings.		was t. There sthesia	S 5559			
S 6415				S 6415			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	N NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		390164			<u>vv</u>	03/07/2023	
UPMC DIC CENTER	VIDER OR SUPPLIER: GESTIVE HEALTH AND E	ENDOSCOPY	STREET ADDRESS 1000 INTEGE PITTSBURG	RITY DRIVE	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DIPREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 6 563.13 (c) Entries 563.13 Entires (c) A single signature of does not suffice to authentic entry shall be individually a This REGULATION is not	uthenticated.		S 6415	The deficiency was immedia reviewed with the Senior Dir Services, Unit Director, Administrator, and the UPM Digestive Health and Endosc Center medical director to act the identified deficiency. Completed: 3/27/2023. Education The deficiencies were review the Digestive Health and Endosc Center physicians and nursinto address the identified deficiencies. Education will be provided to Digestive Health and Endosc Center physicians and nursing via email on the revised Pre-Procedure History and Prom regarding removal of worders from the form. Committee physicians and provided to the Digestive Health and Endosc Center physicians and provided to the Digestive Health and Endosc Procedure History and Prom regarding removal of worders from the form. Committee physician nursing staff of the process to orders including pre-procedure, post-procedure/discharge order/criteria will be entered the electronic medical health	rector GI C copy Iddress wed with Idoscopy Ing staff of the copy Ing staff hysical Invritten Inunication Inalth and Is and Inalth and Is and Intree, Ithrough	Completion Date: 05/25/2023 Status: APPROVED Date: 04/04/2023

State Form 8Y3K11 IF CONTINUATION SHEET Page 7 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVE COMPLETED:	ΣY
		390164			00	03/07/2023	
UPMC DIO CENTER	VIDER OR SUPPLIER: GESTIVE HEALTH AND E	ENDOSCOPY	STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 7			S 6415	which are authenticated by the physician electronically. The education will be conducted that the Unit Director and Admin Completion date: 5/5/2023 Monitoring: The Unit Director and or deservite Unit Director and electronical post-procedure/discharge order/criteria into the electronical health record and authentication by the physicial electronically. The Unit Director and Admin will review the results and tan appropriate action needed. The Administrator will audit medical records weekly for 2 or until sustainability is achieved the shared Senior Director, modirector and Unit Director for and follow-up. On a bimonthly basis, compliance of the Complete Capital Service United Service Service United Service Service United Service United Service Service United Service Unite	cted by nistrator. signee are, nic ian nistrator ake 5 2 months eved. Its will aedical ar review liance licine argical	

State Form 8Y3K11 IF CONTINUATION SHEET Page 8 of 14

PLAN OF CORRECTION (POC) IDENTIFIC		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		390164		B. WING:			
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501			STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTII		PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE	
S 6415	Continued from page 8			S 6415			
					monthly to the Executive Management Group The person responsible for overseeing the correction of deficiency will be the Senior of GI Services Overall Completion date: M 2023	Director	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		390164		_	00	03/07/2023	
UPMC DIO CENTER	NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501		STREET ADDRESS, 1000 INTEGR PITTSBURGI	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6415	Based on review of factorecords (MR), and interecords (MR), and interecords (MR), and interecords (MR), and interecords (MR), it was determinented that each individual authenticated for ten or reviewed (MR1, MR2, MR7, MR8, MR9, and Findings include: A review of MR1 on Mathematical form "Pre-Procedure Physician Orders" is used that the form "Pre-Procedure Orders and Discharge Orders form failed to be individual form "Pre-Procedure Physician Orders" is used the form "Pre-Procedure Physician Orders" is used this tory and Physical, Instruction of the form "Pre-Procedure Physician Orders" is used this tory and Physical, Instruction of the form "Pre-Procedure Physician Orders" is used the for	March 7, 2023, reveal re-Procedure Orders, Post-Procedure Orders, Po	taff failed to idually fords MR6, led that ical & edure s, ders, on the d. led that ical & edure	S 6415			

State Form 8Y3K11 IF CONTINUATION SHEET Page 10 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390164		A. BLDG: _ B. WING: _	00	03/07/2023	
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER STATE LICENSE NUMBER: 14711501			STREET ADDRESS, 1000 INTEGR PITTSBURGE	ITY DRIVI	E SUITE 110		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Intra-Procedure Orders and Discharge Orders/oform failed to be individed to be individed as a review of MR3 on Matheform "Pre-Procedure Orders" is a History and Physician Orders and Discharge Orders/oform failed to be individed as a review of MR4 on Matheform "Pre-Procedure Orders" is a History and Physician Orders is a History and Physician Orders is a History and Physical, Funtra-Procedure Orders and Discharge Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of MR5 on Matheform "Pre-Procedure Orders/oform failed to be individed as a review of M	Criteria. The entries idually authenticated March 7, 2023, reveal re History and Physicused for the Pre-Procedure Orders, Post-Procedure Or Criteria. The entries idually authenticated are History and Physicused for the Pre-Procedure Orders, Post-Procedure Orders, Post-Proced	on the d. led that cal & cedure s, ders, on the d on. led that cal & cedure s, ders, on the d on.	S 6415			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		390164		A. BLDG: _ B. WING: _		03/07/2023		
UPMC DIC CENTER	VIDER OR SUPPLIER: GESTIVE HEALTH AND F E NUMBER: 14711501	ENDOSCOPY	STREET ADDRESS, 1000 INTEGR PITTSBURGI	ITY DRIVI	E SUITE 110			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6415	Physician Orders " is used History and Physical, Intra-Procedure Orders and Discharge Orders of the form "Pre-Procedure Orders and Physician Orders " is used History and Physical, Intra-Procedure Orders and Discharge Orders of the form "Pre-Procedure Orders and Discharge Orders of the form "Pre-Procedure Orders and Discharge Orders of the form "Pre-Procedure Orders of the form "Pre-Procedure Orders of the form "Pre-Procedure Orders" is used History and Physical, Intra-Procedure Orders and Discharge Orders of the form failed to be individual.	Pre-Procedure Order s, Post-Procedure Or Criteria. The entries idually authenticated arch 7, 2023, reveal re History and Physissed for the Pre-Procedure Order s, Post-Procedure Or Criteria. The entries idually authenticated arch 7, 2023, reveal re History and Physissed for the Pre-Procedure Order s, Post-Procedure Order Criteria. The entries	s, ders, on the l. led that cal & edure s, ders, on the l. led that cal & edure s, on the d.	S 6415				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:			
39016-		390164	390164		A. BLDG:00 B. WING:		03/07/2023		
UPMC DIC CENTER	VIDER OR SUPPLIER: GESTIVE HEALTH AND F	ENDOSCOPY	STREET ADDRESS, CITY, STATE, ZIP CODE: 1000 INTEGRITY DRIVE SUITE 110 PITTSBURGH, PA 15235						
STATE LICENSE NUMBER: 14711501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)		
PREFIX TAG	MUST BE PRECEEDE IDENTII		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE			
S 6415	Continued from page 12		S 6415						
	A review of MR8 on M	March 7, 2023, revea	led that						
	the form "Pre-Procedu								
	Physician Orders" is u	sed for the Pre-Proc	edure						
	History and Physical, I	Pre-Procedure Order	rs,						
	Intra-Procedure Orders, Post-Procedure Orders,								
	and Discharge Orders/	on the							
	form failed to be individually authenticated. A review of MR9 on March 7, 2023, revealed that one form "Pre-Procedure History and Physical &								
	Physician Orders " is used for the Pre-Procedu								
	History and Physical, Pre-Procedure Orders,								
	Intra-Procedure Orders	ders,							
	and Discharge Orders/	on the							
	form failed to be indivi	idually authenticated	1.						
	A review of MR10 on March 7, 2023, reveal one form "Pre-Procedure History and Physic								
	Physician Orders" is us	sed for the Pre-Proce	edure						
	History and Physical, I	Pre-Procedure Order	rs,						
	Intra-Procedure Orders, Post-Procedure Order								
	and Discharge Orders/	Criteria. The entries	on the						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390164		(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 03/07/2023			
NAME OF PROVIDER OR SUPPLIER: UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1000 INTEGRITY DRIVE SUITE 110 PITTSBURGH, PA 15235						
STATE LICENSI (X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 6415	MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 13 form failed to be individually authenticated. On March 7, 2023, at 9:30am, EMP1 confit that the physician signs the form at the end procedure and that not every entry is individually authenticated. On March 7, 2023, at 11:00am, EMP1 confit the above findings.		l. rmed of the dually	S 6415					

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Certified End Page

UPMC DIGESTIVE HEALTH AND ENDOSCOPY CENTER

STATE LICENSE NUMBER: 14711501 SURVEY EXIT DATE: 03/07/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY